

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101009059	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1						51			
2						52			
3	2					53			
4	1					54			
5						55			
6	1					56			
7	2					57			
8	2					58			
9	2					59			
10	2					60			
11	2					61			
12	2					62			
13	2					63			
14	2					64			
15	2					65			
16	2					66			
17	2					67			
18	1					68			
19	1					69			
20	2					70			
21	2					71			
22	2					72			
23	2					73			
24	2					74			
25	2					75			
26	2					76			
27	2					77			
28	2					78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	28					TOTAL DEP.			
TOTAL CLAIMS	31					TOTAL CLAIMS			